

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568144

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		0				
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						